1268/66 SEC

FORM D	O. I.
SECURITIES AND EXCHANGE COMMISSI	ON OMB Number: 3235-0076
Washington, D.C. 20549	Expires: May 31, 2005
SECENTE	Estimated average burden
FORM D	hours per response1
JUL 2 9 2004 NOTICE OF SALE OF SECURITIES	SEC USE ONLY
PURSUANT TO REGULATION D,	Prefix Serial
155 CON SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTI	ON DATE RECEIVED
OTHE CALL ENTIRE OF LEARNING EXEMINATE	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series A Preferred Stock and underlying securities	
	The second secon
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DATA	1881 1188 1188 1188 1188 1188 1188 118
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04038620
RockSteady Networks, Inc.	04038020
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3410 Far West Blvd., Suite 210, Austin, Texas, 78731	512-275-0575
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different	Telephone Number (Including Area Code)
from Executive Offices)	Total trained (metading, near code)
same	
Brief Description of Business	
Computer Networking	PROCESS
Type of Business Organization	11/00000
corporation limited partnership, already formed	AUG 02 200
business trust limited partnership, to be formed other (please specify):
Month Year	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 1 2 0 0	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for Stat	
CN for Canada; FN for other foreign jurisdiction)	TX
GENERAL INSTRUCTIONS	
Federal:	notion 4(6), 17 CER 220 501 of non-on-15 H.S.C.
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or S 77d(6).	ection 4(6), 17 CFR 230.301 et seq. or 13 0.3.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice	ce is deemed filed with the U.S. Securities and
Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if r	eceived at that address after the date on which it is
due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed.	1. Any conies not manually signed must be
photocopies of the manually signed copy or bear typed or printed signatures.	a a., aspired not mandary signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the n	
the information requested in Part C, and any material changes from the information previously supplied in Parts A	and B. Part E and the Appendix need not be filed
with the SEC. Filing Fee: There is no federal filing fee.	

UNITED STATES

___ ATTENTION _

be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Butler, Duncan
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Centennial Ventures , 1428 Fifteenth Street, Denver, CO, 80202
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Sarkar, Neel
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Centennial Ventures, 1428 Fifteenth Street, Denver, CO, 80202
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Grimes, Kerry K.
Business or Residence Address (Number and Street, City, State, Zip Code)
5502 Merrywing Circle, Austin, TX, 87830
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Vollman, Mike and affiliated trusts
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o RockSteady Networks, Inc., 3410 Far West Blvd., Suite 210, Austin, Texas, 78731
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Hughes, Robert W.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o RockSteady Networks, Inc., 3410 Far West Blvd., Suite 210, Austin, Texas, 78731
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Gaither, Mark
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o RockSteady Networks, Inc. 3410 Far West Blvd. Suite 210, Austin, Texas 78731
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Centennial Ventures Funds
Business or Residence Address (Number and Street, City, State, Zip Code)
Centennial Ventures , 1428 Fifteenth Street, Denver, CO, 80202, Attn: Neel Sarkar
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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_ <u></u>		A. BASIC ID	ENTIFICATION DATA	1k	
Each beneficial ownEach executive offic	issuer, if the issuer ha	as been organized within the vote or dispose, or direct the orate issuers and of corporate	e vote or disposition of, 10%	or more of a class of tners of partnership is	f equity securities of the issuer; suers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			<u>-</u>	
MacKinnon, Richard					
Business or Residence Addres	•	t, City, State, Zip Code)			
4201 Speedway, Austin, TX,					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	-			
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
	(Use blank	sheet, or copy and use add	titional copies of this sheet	, as necessary)	

		·		В.	INFOR	MATION A	ABOUT OF	FERING				
l. Has	the issuer sold,	or does the i	ssuer intend	o sell, to no	n-accredited	investors in t	his offering?				Yes	No ⊠
		Answer also in Appendix, Column 2, if filing under ULOE.										
2. Wha	at is the minimu	m investmen	it that will be	accepted fro	om any indivi	idual?	····	• • • • • • • • • • • • • • • • • • • •			\$	n/a
3. Doe	s the offering p	ermit joint ov	wnership of a	single unit?							Yes ⊠	No
rem pers	er the information uneration for so on or agent of a	licitation of p broker or de	ourchasers in o aler registered	connection w I with the SE	vith sales of se C and/or with	ecurities in th h a state or st	ne offering. I ates, list the i	f a person to b name of the b	e listed is ar	associated ler. If more		
	five (5) persons er only.	s to be listed	are associated	persons of	such a brokei	or dealer, ye	ou may set fo	orth the inform	nation for the	at broker or		
	e (Last name fir	st, if individ	ual)		<u>, , , , , , , , , , , , , , , , , , , </u>							
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)			·				
Name of	Associated Brok	cer or Dealer										
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers			· · · · · · · · · · · · · · · · · · ·				
(Check	"All States" or	check indivi	duals States)		• • • • • • • • • • • • • • • • • • • •	•••••••	***************************************		•••••	•••••		l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name fir	st, if individ	ual)			· · · · · · · · · · · · · · · · · · ·						
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of	Associated Brol	er or Dealer			 							
States in	Which Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
(Check	"All States" or	check indivi	iduals States)								☐ Al	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name fir	st, if individ	ual)		<u> </u>							
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)					<u></u>		
Name of	Associated Brok	er or Dealer			·							
States in '	Which Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
	"All States" or						,			******	□ AI	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
												

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	E OF PROCEEDS	
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
		ų.	50.2
	Debt		
	Equity	\$6,000,000.00	\$6,000,000.00
	Common Preferred		
	Convertible Securities (including warrants)	\$0	s 0
	Partnership Interests	\$0	\$ 0_
	Other (Specify)	\$0	\$0
	Total	\$_6,000,000.00	\$_6,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	•	Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	2	\$_6,000,000.00
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of Offering Rule 505	Security	Sold \$
	Regulation A		S
	Rule 504		\$
	Total		\$
I.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs		\$0
	Legal Fees		\$ 60,000.00
	Accounting Fees		\$ 0
	Engineering Fees		\$ 0
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$60,000.00
			·

	b. Enter the difference between the aggregate		Ven in response to Pa			ROCEEDS			
	total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a.	This difference is the	'adjusted gross			\$ <u>5,94</u> 0	0.000.00	
5.	Indicate below the amount of the adjusted grothe purposes shown. If the amount for any purleft of the estimate. The total of the payment forth in response to Part C - Question 4.b about	pose is not known s listed must equa	n, furnish an estimate a	nd check the box to	the				
					Officers, 1	ents to Directors & lliates	Payme Oth		
	Salaries and fees				🗆 s	0	□ s	0	
	Purchase of real estate		••••••		🗆 s	0	□ s	0	
	Purchase, rental or leasing and installation of	machinery and e	quipment		🗆 \$	0	□ \$	0	
	Construction or leasing of plant buildings and	d facilities			🔲 s	0	S	0	
	Acquisition of other businesses (including th used in exchange for the assets or securities of	of another issuer			🗆 s	0	☐ \$	0	
	Repayment of indebtedness	-	.,		🗆 s	0	S	0	
	Working capital				🗆 s	0	⊠ \$ <u>5,94</u>	0.000.00	
	Other (specify):		·····		🗆 s	0	□ s	0	
	Column Totals		***************************************		🗆 \$	0	\$	0	
Total Payments Listed (column totals added)						\(\S \) \(\sum_{5,940,000.00}\)			
-	· · · · · · · · · · · · · · · · · · ·	- D	FEDERAL SIGN	ATUDE		····			
		D.	FEDERAL SIGN	ATURE					
unc	e issuer has duly caused this notice to be signed by lertaking by the issuer to furnish the U.S. Securition redited investor pursuant to paragraph (b)(2) of Ru	es and Exchange C							
	uer (Print or Type)	Signature	4/1/1		Date		 		
	ckSteady Networks, Inc. me of Signer (Print or Type)		11000	m.	July 22, 20	04	· · · · · · · · · · · · · · · · · · ·		
	ke Vollman	-	er (Print or Type) Chief Executive Office	r					
			ATTENTION	I					
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Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

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